

Behavioral Health Consortium Quarterly Meeting

(Draft Only, Minutes Are Not Approved)

Date and Time:	07/20/21 10:00-11:30	Location:	Virtual Meeting
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Attendees:

Adam Morabito, Alicia, Alta Porterfield, Annie Slease, Audrey Kern, B. Waninger (DSAMH), Blake A Denney, Carolyn Petrak, Charles Sawchenko, Chief Robert J. Tracy, Christiana Bryan, Colin Faulkner, Darryl Chambers, Dave Humes, David Mangler, DE SHIP, Denise Bowers, Dionne Cornish, Doug Tynan, Dr. Joshua Thomas, Dr. Yu, Eileen Cozzi-Bodnar, Eileen Goldner, Erin Willis, Holly Rybinski, Hooshang Shanehsaz, Jean Bennett, Jenn Ruebush, Jenna Quigley, Jennifer Grabber, Jessica Tansey, John, John Robinson, Jordan Weisman, Judy Schlott, Julia Strandberg, Karyl Rattay, Kate Brookins, Lauren Vella, Lisa Goodman, Margaret Guy, Mary Beth, M Debussy, Megan Williams, Meghan Lines, Meredith Seitz, Monica Shockley-Porter, Natasha Mullen, Nicole, Owen Lefkon, Paresh Perry Patel, Phil Cooke, Pris Turgon, Purcell Dye, R.L. Hughes, Rebecs King, Rep. David Bentz, Sandy Gibney, Sarah Pearson, Jerome Herlihy, Sen. Stephanie Hansen, Stacy Schiller, Tamera Fair, Tammy Anderson, Traci Bolander, Valerie Tickle, Valeria Coverdale, Vhawimsivakk, Vic Heresniak, Wade Jones, 1-302-222-3078

Staff: Abby Betts, Laura Wisniewski, Georgina Class-Peters, Ja'na Tate, Courtney Rush, Keith Warren, Edwin Hernandez, Lt Gov Bethany Long-Hall

Topic: Welcome and Introductions

Review of the previous meeting notes: Dave Humes motioned to approve meeting minutes, and Becky King seconded, meeting minutes were accepted. Blake Denney shared his story of recovery.

Topic: (1) Policy and Agency Reports

DOJ: Opioid Impact Fee Discussion:

Presenters: Lauren Vella & Owen Lefkon

- "Opioid Litigation Briefing" PowerPoint

Discussed [SB166](#) (opioid ligation and opioid settlement fund), highlighting the following areas: general landscape, review current cases, public settlement to date, and the structure of spending government settlement dollars.

1. General Landscape

The Settlement Fund is the product of various national litigation cases filed by states and their respective subdivisions against opioid manufacturers, distributors, and pharmacies. The DOJ is working to ensure that Delaware gets the most money possible and that those monies are used to the greatest extent possible for abating the opioid crisis. *The Department* anticipates settlement monies to reach several million dollars and disbursed to the state over the next decade. DOJ is currently working on settlement negotiations with the state's subdivisions to maximize monies; *The Department* will provide public updates as settlements are finalized.

2. Existing Cases

DOJ's supply chain suit was filed under Former Attorney General Matt Denn and has continued under Attorney General Kathy Jennings. The suit was filed against opioid manufacturers, distributors, and pharmacies; there are DE subdivision suits (Dover, Seaford, Kent & Sussex Counties). Several

prominent manufacturers of opioids have gone into bankruptcy, including Purdue and Mallinckrodt; DOJ is actively involved in those bankruptcies seeking to maximize settlement dollars.

3. Settlements

Spring 2021 marked the first national settlement against *The McKinsey Firm* (consulting firm), resulting in \$573 million nationally. Of this money, Delaware will receive \$2.58 million to use for the abatement; most of these dollars have been deposited into an escrow account with the *Department of Justice*, waiting for **SB 166** to be signed into law by Governor Carney. Once signed, funds will be available for *The Commission* to start distributing.

There are other settlements underway involving Johnson & Johnson, Purdue, Mallinckrodt, and distributors.

4. SB 166- Settlement Fund & Commission

This bill establishes **1.)** Delaware Prescription Opioid Settlement Fund and **2.)** the Delaware Prescription Opioid Distribution Commission. This bill ensures that money that results from those settlements goes to this separate fund for the specific purpose to remediate and abate the opioid crisis. Settlement funds shall not be held in/combined with the State of Delaware General Fund; monies cannot be redirected for purposes outside of opioid abatement and cannot be used for purposes outside of the terms of the settlement agreements, bankruptcy plans, or other agreements for the payment.

The Commission provides a structure to deliberate on the distribution of settlement funds. *The Commission* will be housed under the *Behavioral Health Consortium* and shall consist of representation from the legislature, executive branch, Department of Justice, municipal and local governments, health experts, and those impacted by the opioid crisis (a total of 15 members as described in **SB 166**)

The legislation intends to build consensus around spending settlement dollars, ensure subdivision participation, and create a unified statewide response to the crisis with input from numerous stakeholders of varying backgrounds, experiences, and representations.

Key Provision of **SB 166**

- The Commission must adhere to the provisions in any court order or settlement agreement (supersede the work and decision making of the Commission)
- The Commission must solicit input from the public and other relevant stakeholders.
- The bill establishes a mechanism for subdivision input through a local government subcommittee to ensure deliberations account for county and municipal interests.
- The bill requires an annual report detailing funds received and allocation awards.
- *The Commission* would deliberate on the distribution of money in the *Settlement Fund* and the Opioid Impact Fee Fund, which brings in about \$2M annually. The bill updates the *Opioid Impact Fee* law to allow and repeals the sunset provision.
- The BHC would approve the Commission's disbursement recommendations, and the actual disbursement of the funds requires approval by the Treasurer, OMB Director, Controller General, and the Co-Chairs of the Joint Finance Committee.

Note:

If the *Consortium* disagrees with a recommendation made by the *Commission*, the *Consortium* is required to confer with the *Commission* and request a revision; the *Consortium* cannot revise recommendations without re-engaging with the *Commission*.

- To support this work, DOJ is seeking approval for two positions, a director and an administrative, funded through the settlement

Comments:

- **Senator Stephanie Hanson** (Primary Sponsor) - Opioid Impact Fee ([SB 34](#)) + Settlement Fund ([SB 166](#)) allows long-term financial support for treatment, recurring expenses, and other relevant resources to lessen the opioid epidemic and other substance abuse disorders. Additionally, **SB 166** removes the dollar amount cap once hampered by **SB 34**, allowing for greater allocation and a broader array of resources. Furthermore, **SB 166** provides more structure around disbursement and implementation.
- **Representative David Bentz** (Additional Sponsor) – the Impact Fee and Settlement provide the opportunity for strategic spending, with the hopes to adopt proficiency and responsiveness so that as conditions change as priorities change, and to utilize the expertise of BHC members to spend dollars effectively.

Gain Summit & CJC Update:

1. **Jean Bennett** (SAMHSA, Region 3 Administrator):
Jean provided a brief statement about her personal and professional background, then presented an overview of the Gains Summit.

The purpose of the Summit was to identify opportunities for coordination and collaboration among state and local stakeholders; to inform about best practices in the behavioral health- and correctional fields; to consider the impact of health reform and strategies for behavioral health- and criminal justice initiatives; and to introduce the sequential intercept model as a planning tool to strategize to inform legislation, policy planning, and funding.

After a brief overview, Jean identified that Delaware's executive offices, legislators, BHC members, behavioral health- and criminal justice agencies, and stakeholders share a unified message of helping residents and improving DE's system of care. Also, DE has established vital legislation, policies, and programs for sustainable improvement; however, there is a need for appropriate leadership.

A complete and detailed report of the Gain's Summit will be released within the next few months.

Comments:

- **Randall L. Hughes** – BHC's next steps are to establish leadership and coordination of all the current projects and focus these various outcomes on the common goal; *the Commission* is likely to help with those efforts.
2. **Val Tickle** (CJC):
As shared primary leadership in the Gains Summit, CJC's role is to continue focusing its efforts on funding for Delaware's leading mental health/behavioral health state agencies' projects. Additionally, the CJC intends to assess the identified barriers and gaps within the Summit Report and explore possible solutions: policy/legislation, leverage of resources, comprehensive coordination, and/or funding.

Pear Therapeutics: Dr. Audrey Kern and Julia Strandberg

Prescription Digital Therapeutics (*PDTs*) for Substance/Opioid Use Disorders uses a digital app (reSET® and reSET-O®) as an adjunct to outpatient treatment for individuals (18+ yrs. old) who are under the direct supervision of a clinician. The app is designed to increase client treatment retention

by providing three evidence-based therapies: cognitive behavioral therapy (CBT), fluency training, contingency management.

Embedded within the app is a digital dashboard that includes lessons completed, patient-reported substance use, patient-reported cravings and triggers, compliance rewards, and in-clinic data inputs such as urine drug screen results. These capabilities and functionalities essentially marginalize the communication gap between clinician and client while between face-to-face therapeutic sessions.

PDT has partnered with Christiana Care to provide clients with this innovative FDA-authorized treatment option to improve continuity of care within the last year. PDT looks to expand its partnership within Delaware and intends to return for BHC's October Quarterly Meeting to provide a more in-depth description of its digital products.

Comments:

Senator Stephanie Hanson – During the Summit, panelists discussed the status of Delaware's drug court in comparison to mental health court. This comparison found that mental health court provides the necessary treatment to clients referred to this specialty court; however, drug court has not been as successful. Therefore, there is a need to assess and implement corrective measures to ensure clients receive treatment and reduce the number of individuals landing in jail.

Topic: (2) Committee Updates

Access and Treatment: (Dr. Gibney)

The Committee has been discussing what recommendations would be presented to BHC for legislation. However, it has transferred its effort to provide input into the spending of some of the Opioid Impact Funds. A lot is going on with Narcan distribution; people have been using them, but inventory replacement has been lagging. The Committee has been working with the Lieutenant Governor's Office in host/participating in vaccination events and distributing Narcan and treatment information.

Corrections and Law Enforcement (Tamera Fair & Lt Sawchenko):

Tamera announced that she would be retiring from the Wilmington Hope Commission; however, she intends to serve as a Co-Chair for CLE Committee until her replacement is identified. The Committee organized the 9 tasks as given in the initial BHC 3-Year Action Plan, and these tasks were divided into 3 categories: training and partnership opportunities, sentencing and reentry, community support. The Committee has listed these tasks in a Google spreadsheet that will include tasks completed, statuses, and recommendations to provide this comprehensive report.

Tasks Highlights:

- **Medicaid status termination versus suspension:** individuals who are incarcerated while under Medicaid now have their Medicaid suspended rather than terminated. This task was completed in 2020.
- **Increased training for correctional officers to better deal with individuals with behavioral health needs within our prison and probation population.** There is CIT (Crisis Intervention Training) for law enforcement officers and several basic training programs, including mental health first aid. There is ethics training for probation and parole officers.
- **MAT (Medication-Assisted Therapy) expansion** within the Department of Corrections is currently at levels 4 and 5. The Committee recommends MAT's continuous implementation, but it will require continuous support.

- **VRT (veterans response training):** Training continues to work with police officers that have been through CIT training which is a prerequisite for the VRT training. The Committee recommends continued support and sustainable funding for this training. The Committee also recommended developing a statewide acceptance of CIT/VRT programming and developing a formal process to activate and coordinate these responses.
- **Study potential post-arrest avenues that will restore an individual's rights who have a mental health diagnosis.** In 2019, the General Assembly passed [SB 37](#) relating to the adult arrest and conviction records expungement; the Apex program (provided through the Department of Labor) assists individuals pursuing expungements. Additionally, [SB 111](#) related to automatic expungements under the *Clean Slate Act* was recently passed through the houses and is awaiting the Governor's signature. This legislation's expected implementation for the year 2024.
- **Examining Drug Diversion Programs:** the DSP implementation for the pre-arrest drug diversion program has shown promising results; Lt. Sawchenko reported success/recovery stories of repeat offenders afflicted with SUDs. These successes are primarily attributed to this newly tested prearrest drug diversion program and offering individuals the help they need at the time of the offense. Earl McCloskey (Director of DELJIS) and colleagues work on the LEISS (Law Enforcement Investigative Support System) reporting system and incorporate mechanisms for documenting and tracking an individual's drug diversion status or other pertinent information. This is a comprehensive method to track an individuals' preexisting diversionary pathways (if any) throughout all law enforcement agencies within the state.
 - **Diversion Programs with the courts (post-arrest):** Lt. Sawchenko reported working with several key players, including Minda Thompson, Jenna Quigley, Justice of Peace, and Court of Common Pleas Judges to improve the drug diversion programs with the courts, focusing on getting individuals into treatment and other vital resources as soon as they are arraigned. The team is exploring several options; however, there is no definitive plan.
- **Standardize post-prison discharge treatment and wraparound services:** Committee has identified a gap in the continuity of care. Troop agency care managers have been losing track of clients who have reported wanting treatment. Of these individuals, most end up incarcerated. To mitigate, Lt. Sawchenko noted that he is currently working with DOC Bureau Chief Michael Records and Centurion to establish an email system for care managers can communicate directly with DOC should a person desire treatment. This proposed solution would allow for DOC to have the proper release forms signed and then relay that information back to care managers for proper follow-up and continuity of care and services. The Committee recommends establishing continuous and sustainable funding, support getting care managers into all police agencies in the state.

Changing Perceptions (Dave Humes):

Committee work through our Tasks & Activities as delineated in the initial BHC Report and have narrowed focus and prioritize tasks in the order that the Committee believes will provide the most help to those in greatest need.

The Committee has been reviewing employment and treatment policies in the private sector and working with different employers, business groups, and trade organizations to discuss Narcan distribution on sites. After much discussion, the Committee found no implicit limit to civil liability (immunity) for laypersons administering naloxone. To close this legal gap, the Committee has worked with Senator Hansen to set forth [Senate Bill 77](#); the bill has successfully passed both chambers and is awaiting to be signed by the Governor. The Committee intends to expand limited liability for companies in which employees administer naloxone. Aligning with the BHC's informational guidance, the Committee will continue to

focus needed efforts on employment, recovery opportunities, and policies, especially in the restaurant and construction industries, where many in recovery are employed.

The Committee has worked to address Cultural Competence as outlined in the *BHC 3-Year Action Plan*. The Committee drafted a letter to the *Professional Board of Licensed Counselors of Mental Health and Addiction* requesting to modify the rules for professionals covered under their authority to require at least 3 continuing education credit contact hours in the area of cultural humility or awareness. The Committee is currently waiting for the *Counseling Board* to respond and intends to submit additional requests to other mental health and addiction-focused licensing boards once the Committee receives feedback from the Counseling Board.

Co-Chair Dave Humes and Emily Vera met with Senators Carper and Coon to cosponsor federal [Senate Bill 586](#) (No Pain Act). Additionally, Strongly supported [Senate Joint Resolution 4](#) recognizes that Delawareans lost to opioid use will be recognized on August 31st International Overdose Awareness Day, the state flag will be flown half-staff.

Data and Policy (Carolyn Petrak):

The Committee focused on being a source of information, support, and resource to the other committed initiatives. Over the legislative session, the Committee met with Changing Perceptions initiatives, especially with the federal regulation requests. Also met with Education & Prevention to discuss the universal screenings initiative and collaborated with the General Assembly on other legislation (e.g., telehealth expansion).

Carolyn noted her representation of BHC & Committees on the DHSS Reorganization Committee (established by [SCR 65](#)), created to improve the efficiencies and effectiveness of the entire department. The Committee presented 5 – 6 recommendations for improvement, to which all were accepted.

Note: For the full report, go to: <https://legis.delaware.gov/TaskForceDetail?taskForceId=417>; under subtitle "Minutes, Reports and Information" select "DHSS Reorganization Committee FINAL"

Education and Prevention (Rebecca King):

The EP10 Subcommittee is finalizing a survey developed to identify what screening processes and tools Districts and Charters are currently using to screen students for student behavioral and mental health challenges (collecting info for all grades but focusing on ages 10-13). The subcommittee will receive final feedback from their stakeholder group during our August 2nd meeting, with the intent to circulate the survey in Fall 2021.

The EP10 has met with the Delaware AAP, Nemours Behavioral Health, and DCPAP. All are joining in our efforts to develop a survey modeled after the one created for School Districts and Charters but will be catered to the pediatric audience to determine what screening processes and tools are used to identify behavioral and mental health challenges for children 10-13. A target date for circulation has not yet been determined.

After the survey for the pediatric audience is completed, we will start working on a survey for Emergency Departments (if we think this audience still needs to be included).

The next stakeholder meeting is scheduled for August 2nd at 12 pm. Additionally, there are several upcoming events and projects, including DPH & ABC's annual golfing event to promote the work around

opioids and the construction industry 8/26; DPH, ABC, & DCA hosting another event that coincides with International Overdose Awareness Day (8/31).

Family and Community Readiness (Wade Jones):

The Committee has been examining the infrastructure of what it takes to provide the service. The Committee has formulated the following recommendations:

- Provide funding for diversity inclusion incentives to providers with various racial and cultural backgrounds.
- Offer stipends or incentives to providers pursuing training, cultural diversity, youth development, or other specialty groups.

The Committee reviewed [HB 38](#) and concluded the bill has skewed language in that it does not include physicians who fall into these listed categories; therefore, it cannot apply for Health Care Provider Loan Repayment grants.

One of the Committee's biggest challenges is outlining the recruitment and retention initiatives for racially/culturally competent providers and implementing necessary parameters to ensure these recommendations will achieve their intended purposes. In Sussex County, there is a need for more African American and Hispanic licensed mental health professionals, as there is a large population in need of mental health and substance abuse services. Thus, establishing these provider incentives is vital. The Committee is currently working on more recommendations to address these areas collectively.

Topic: (4) Public Comment:

Marybeth Cichocki shared her concerns about Medicaid coverage for individuals in need of substance abuse treatment. Marybeth noted that AmeriHealth offers coverage, while Highmark does not; this barrier has been troublesome for AmeriHealth individuals seeking treatment services and has jeopardized the lives of individuals who have overdosed. Thus, there is a need to expand Medicaid coverage.

In relation, inquired if the BHC would establish a fund (derived from *SBs 34 & 166*) for those uninsured or underinsured and in need of treatment.

Next Meeting: Oct. 19th 2021